

EXHIBIT 6

OKLAHOMA HIGHWAY PATROL



Case Number: YE00112-20
CollisionDate: 08/08/2020 16:19
Trooper: LINZY #649
Location: KILPATRICK TURNPIKE MILE 113
At or Near: NW 36 ST. UP
City and County: OKLAHOMA CITY, CANADIAN

Name: MILANOVIC, OGNJEN
License Number: [REDACTED]
DOB: [REDACTED]
Phone Number: [REDACTED]
Address Street: 3-3 FOUR WINDS DR
City: NORTH YORK State: ON ZIP:
Insurance Company: OLD REPUBLIC INS CO
Insurance Phone: 8665241556
Policy Number: T70051D
Vehicle Make: KW Model: T680 Year: 2019
VIN: DXKYDP9X0LJ960146
Tag Number: PA10315 Tag State: ON
Owner Name: HL MOTOR GROUP INC
Owner License Number:
Owner Street: 15 OLD COLONY ROAD UNIT 33
Owner City: RICHMOND HILL State: ON ZIP: L4E 4

If you find the other driver was not insured at the time of the above referenced collision, you may complete an Oklahoma Motor Vehicle Collision Report and submit the same within 1 year of the collision to:

DPS - Driver Compliance Division

P.O. Box 11415

Oklahoma City, OK 73136-0415

Call 405-425-2098 or visit www.dps.state.ok.us with questions.

The Official Oklahoma Traffic Collision Report can be obtained by calling the Department of Public Safety Records Management Division at 405-425-2262.

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ ☐

Revised

Fatality

Hit and Run

Y N

☒ ☐☒ ☐☒ ☐

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) YE00112-20				Motor Vehicles Involved 02		Number Injured 01		Number Killed 00			
(2) Date of Collision (mm/dd/yyyy) 08/08/2020		Time 1619		County Number and Name 09 CANADIAN		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY		Near <input type="checkbox"/>							
(3) Distance from Nearest City or Town Limits MI <input type="checkbox"/> FL <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>				Control # 00		Int ID 00		Location 00		East Grid 067		North Grid 026		Administrative 0 PARIS	
(4) Street, Road or Highway KILPATRICK TURNPIKE MILE 113				Distance from 0264		MI <input type="checkbox"/> FL <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway NW 36 ST.							
(5) Unit 01		Occupants 01		Type D		Hit & Run <input checked="" type="checkbox"/>		Last Name MILANOVIC		First OGNJEN		Middle 		Date of Birth (mm/dd/yyyy) [REDACTED]	
(6) Address [REDACTED]		City [REDACTED]		State [REDACTED]		Zip [REDACTED]		Telephone (Use Area Code) [REDACTED]							
(7) Driver License Number [REDACTED]				State [REDACTED]		Class A		Endorsement(s) Z		Restriction(s) 3		Type of Injury 2,4		Drv./Ped. Cond. OP Use 11 01	
(8) Ejected Air 1 Bag 1		Extricated 1		Test 5		(% BAC) 0		Transported by EMSA		To Medical Facility OU HOSPITAL		License Plate Number PA10315		State Month Year ON 12 2020	
(9) VIN 1XKYDP9X0LJ960146				Vehicle Year 2020		Color BLU		2nd Color 0		Make KW		Model T680		Veh. Conf. Extent of Damage 10 4	
(10) Insurance Company Name 3 OLD REPUBLIC INS CO				Policy Number T70051D				Insurance Telephone (Use Area Code) 8665241556							
(11) Vehicle Removed by Driver <input type="checkbox"/> ARROW WRECKER				Owner's Last Name First Middle Suffix											
(12) Owner's Address [REDACTED]				City [REDACTED]		State [REDACTED]		Zip [REDACTED]		Towed Veh. Type Oversized Load <input type="checkbox"/> 00		Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>	
(13) Citation Number [REDACTED]				Statute/Ordinance Number [REDACTED]		Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]							
(14) Unit 02		Occupants 00		Type C		Hit & Run <input type="checkbox"/>		Last Name 9		First Middle Suffix		Date of Birth (mm/dd/yyyy) [REDACTED]		Sex [REDACTED]	
(15) Address [REDACTED]		City YUKON		State OK		Zip 73099		Telephone (Use Area Code) [REDACTED]							
(16) Driver License Number 9				State [REDACTED]		Class [REDACTED]		Endorsement(s) [REDACTED]		Restriction(s) 0		Type of Injury 0		Drv./Ped. Cond. OP Use 00 00	
(17) Ejected Air 0 Bag 0		Extricated 0		Test 5		(% BAC) 0		Transported by [REDACTED]		To Medical Facility [REDACTED]		License Plate Number BXZ861		State Month Year OK 06 2021	
(18) VIN 1FMCU0EG5AKC23076				Vehicle Year 2010		Color WHI		2nd Color 0		Make FORD		Model ESCA		Veh. Conf. Extent of Damage 20 4	
(19) Insurance Company Name 2 STATE FARM INSURANCE				Policy Number 3623576151				Insurance Telephone (Use Area Code) 8007828332							
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/> [REDACTED]				Owner's Last Name MENDENHALL				First EMILY OR MILA				Middle Suffix			
(21) Owner's Address [REDACTED]				City [REDACTED]		State OK		Zip 73099		Towed Veh. Type Oversized Load <input type="checkbox"/> 00		Rolled <input type="checkbox"/> Phone present <input type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>	
(22) Citation Number [REDACTED]				Statute/Ordinance Number [REDACTED]		Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]							
(23) Investigating Officer Wayne Linzy				Badge Number 649		Trp/Div. Assigned YE		Trp/Div. Location YE		Reviewer (Init.) TL		Reviewer Badge Number 94		Date of Report (mm/dd/yyyy) 08/08/2020	
Unit Type D Driver P Pedestrian X Conveyance B Bicyclist		Other Cyclist Z Parked Car A Animal T Train		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating		Type of Injury 0 N/A 1 Head 2 Trunk - Internal 3 Arms 4 External 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown					
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially		Extricated 0 N/A 1 No 2 Yes		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 No 2 Owner		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

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(24) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLA TURNPIKE AUTH					
(25) Address	City		State	Zip	Telephone (Use Area Code)			
3500 N ML KING AVE	OKLAHOMA CITY		OK	73111	(405)425-3600			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							20' FENCE	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	WINDOM	CHARLES	E			
(28) Address	City		State	Zip	Telephone (Use Area Code)			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							24' PICKETT FENCE	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	CARR	EARLENE				
(31) Address	City		State	Zip	Telephone (Use Area Code)			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							REAR OF HOUSE & FENC	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUMAN	CARRIE				
(34) Address	City		State	Zip	Telephone (Use Area Code)			
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
01	HL MOTOR GROUP INC	15 OLD COLONY ROAD UNIT 33	
(37) City	State	Zip	
RICHMOND HILL	ON	L4E 4	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
2274502	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

Position in Vehicle <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles</p> <p>07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/ Semi-Trailer 11. Truck-Tractor/ Double 12. Truck-Tractor/ Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/ Moped 17. Motor Home</p> <p>18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown</p>	Cargo Body Type <p>00. N/A</p> <p>01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed</p> <p>06. Intermodal 07. Dump Truck/ Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse</p> <p>11. Hopper (grain/ chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown</p>
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DPS: 0192-02 REV 0107

Case Number **YE00112-20****OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT** Pg 3 of 6

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Unit Number of Vehicle Striking	
Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'	01	02	70				
This unit will correspond to 'Unit 2'	02	00	00				

Light		Unit 1	Unit 2	Unit 1		Unit 2
Light	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1 Daylight	1	01	13			
2 Dark-Not Lighted						
3 Dark-Lighted						
4 Dawn						
5 Dusk						
6 Dark-Unknown						
7 Lighting						
8 Other						
9 Unknown						

Weather		Unit 1	Unit 2	Unit 1		Unit 2
Weather	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
01 Clear	03					
02 Fog/Smog/Smoke						
03 Cloudy						
04 Rain						
05 Snow						
06 Sleet/Hail (Freezing Rain/Drizzle)						
07 Severe Crosswind						
08 Blowing Snow						
09 Blowing Sand, Soil, Dirt						
10 Other						
99 Unknown						

Locality		Unit 1	Unit 2	Unit 1		Unit 2
Locality	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1 Residential	6					
2 Business						
3 Industrial						
4 School						
5 Not Built-up						
6 Mixed Use						
7 Other						
9 Unknown						

Type of Intersection		Unit 1	Unit 2	Unit 1		Unit 2
Type of Intersection	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
0 Not an Intersection	0					
1 Y-Intersection						
2 T-Intersection						
3 Four-Way Intersection						
4 Five-Point or More Intersection as Part of Interchange						
5 Traffic Circle						
6 Roundabout						
9 Unknown						

Incident Type		Unit 1	Unit 2	Unit 1		Unit 2
Incident Type	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
00 Not an Incident	00					
01 Private Property						
02 Deliberate Intent						
03 Medical Condition						
04 Legal Intervention						
05 Suicide						
06 Drowning						
07 Other						

Location of First Harmful Event		Unit 1	Unit 2	Unit 1		Unit 2
Location of First Harmful Event	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
01 On Roadway	09					
02 Shoulder						
03 Median						
04 Roadside						
05 Gore						
06 Separator						
07 Parking Lane/Zone						
08 Off Roadway, Location Unknown						
09 Outside Right-of-Way						
10 Other						
99 Unknown						

Driver Distracted by		Unit 1	Unit 2	Unit 1		Unit 2
Driver Distracted by	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable/None	9	0				
1 Electronic Communication Devices						
2 Other Electronic Device						
3 Other Inside Vehicle						
4 Other Outside Vehicle						
9 Unknown						

Road Character		Unit 1	Unit 2	Unit 1		Unit 2
Road Character	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1 Level	4	0				
2 Hillcrest						
3 Uphill						
4 Downhill						
5 Sag (bottom)						

Road Surface Type		Unit 1	Unit 2	Unit 1		Unit 2
Road Surface Type	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1 Concrete	1	1				
2 Asphalt						
3 Gravel						
4 Dirt						
5 Brick						
6 Other						
9 Unknown						

Special Function of Vehicle		Unit 1	Unit 2	Unit 1		Unit 2
Special Function of Vehicle	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	00	00				
01 School Bus						
02 Transit Bus						
03 Intercity Bus						
04 Charter Bus						
05 Other Bus						
06 Military						
07 OHP						
08 Other Police						
09 Other Law Enforcement						
10 Ambulance						
11 Fire Truck						
12 Public Owned Vehicle						
13 Highway Equipment						
14 Special Mobilized Machine						
15 Other						

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2	Unit 1		Unit 2
Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
0 N/A	0	0				
1 Yes						

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		Yes	No
Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type of Work Zone		Location of the Work Zone Collision	
1 Lane Closure	<input type="checkbox"/>	1 Before the First Work Zone Warning Sign	<input type="checkbox"/>
2 Lane Shift/Crossover		2 Advance Warning Area	
3 Work on Shoulder or Median		3 Transition Area	
4 Intermittent or Moving Work		4 Activity Area	
9 Unknown		5 Termination Area	
		9 Unknown	

Workers Present		Yes	No	Unknown
Workers Present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trafficway		Unit 1	Unit 2	Unit 1		Unit 2
Trafficway	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
4	4	7				

Vehicle Removal		Unit 1	Unit 2	Unit 1		Unit 2
Vehicle Removal	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1	1	3				

Vehicle Condition		Unit 1	Unit 2	Unit 1		Unit 2
Vehicle Condition	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
01	01	01				

Road Surface Conditions		Unit 1	Unit 2	Unit 1		Unit 2
Road Surface Conditions	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
01	01	01				

Unsafe / Unlawful Contributing Factors		Unit 1	Unit 2
88	88	98	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2
0 N/A	0	0	

Point of First Contact on Vehicle		Unit 1	Unit 2
12	12	08	

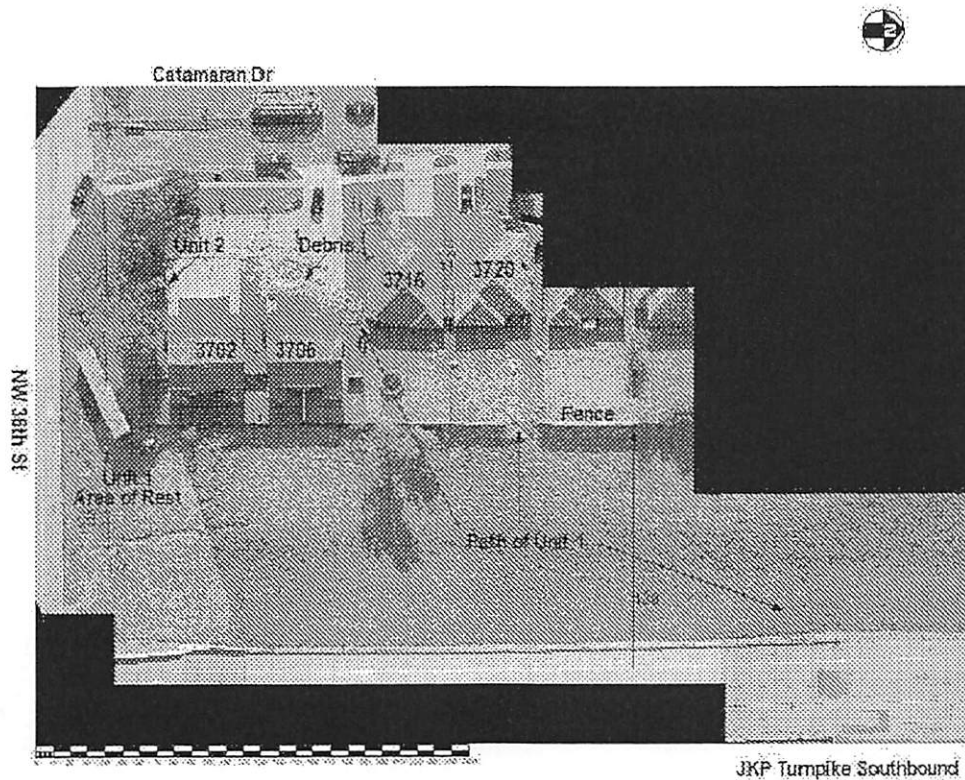
Most Damaged Area		Unit 1	Unit 2
12	12	08	

Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2

Case Number YE00112-20

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Latitude 35.5083 N Longitude -97.6986 W Railroad Crossing Number Unit Number 01 NE SW S Unit Number 02 NE SW E



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	
02	34	00	00	00	34	44

00 Not Applicable
10 Overtum/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object
FIXED OBJECT:
40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 OP GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

PERSONS SUPPLEMENTAL

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(42) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name MENDENHALL	First EMILY	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(43) Address	City	State	Zip	Telephone (Use Area Code)				
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(45) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name PALMER	First ASHLYN	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(46) Address	City	State	Zip	Telephone (Use Area Code)				
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(48) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. 00	Last Name REYNOLDS	First MARIE	Middle	Suffix	DOB(mm/dd/yyyy) 10/02/1978	Sex F
(49) Address	City	State	Zip	Telephone (Use Area Code)				
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name LUNDY	First RANDY	Middle J	Suffix	DOB(mm/dd/yyyy)	Sex
(52) Address	City	State	Zip	Telephone (Use Area Code)				
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type DUPLEX OWNER	
(54) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name OKLAHOMA CITY UTILITIES	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(55) Address	City	State	Zip	Telephone (Use Area Code)				
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type SANITARY SEWER TOP	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address	City	State	Zip	Telephone (Use Area Code)				
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address	City	State	Zip	Telephone (Use Area Code)				
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address	City	State	Zip	Telephone (Use Area Code)				
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address	City	State	Zip	Telephone (Use Area Code)				
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	



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ADDITIONAL NARRATIVE**

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RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

